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Case of
Sarcoma of the Kidney
in a Negro Child

BY

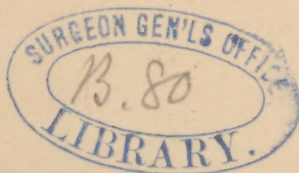
W. H. GEDDINGS, M. D.

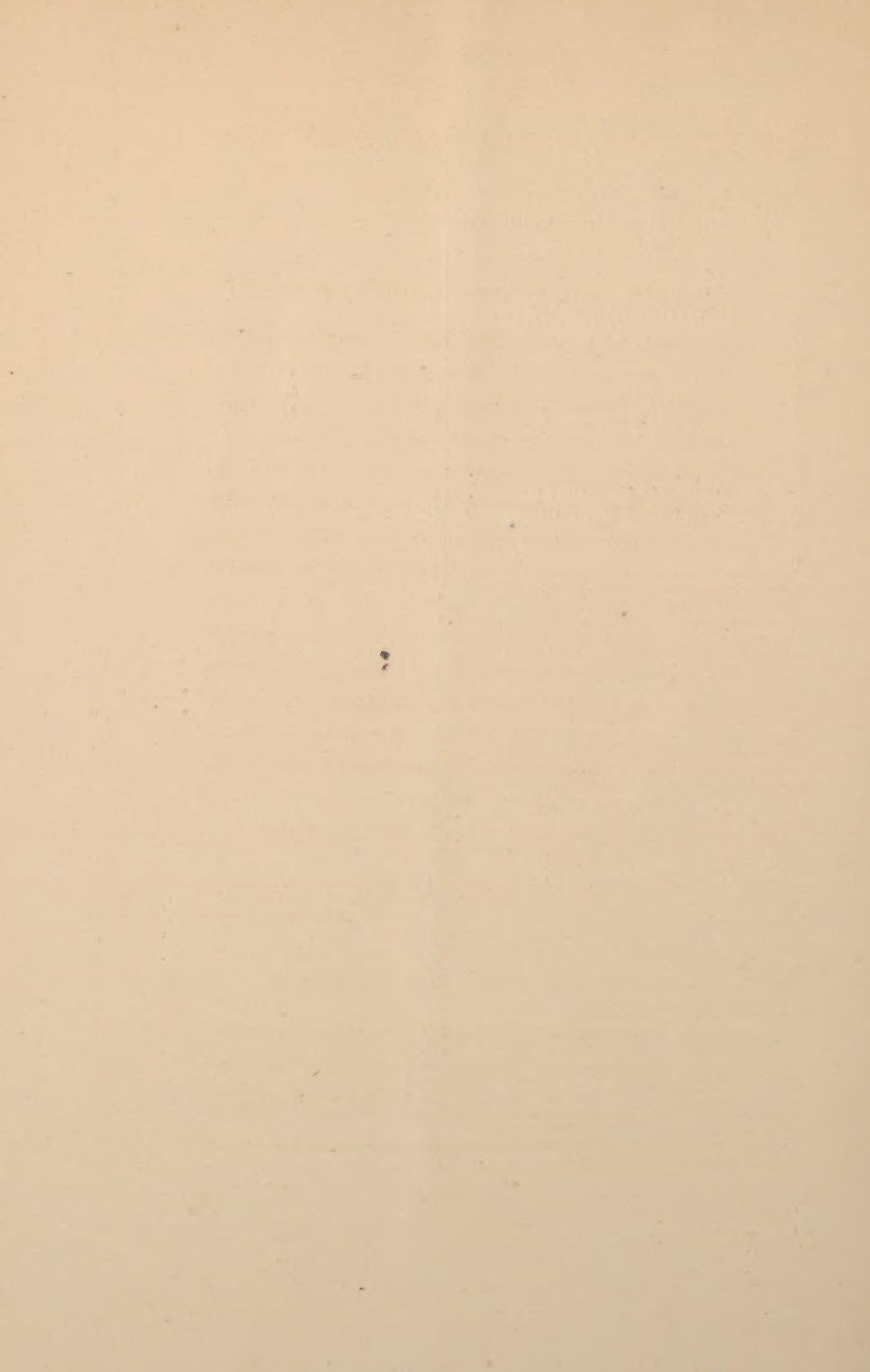
AIKEN, S. C.



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*Presented
by the Author*







A CASE OF SARCOMA OF THE KIDNEY IN A NEGRO CHILD.

BY WILLIAM H. GEDDINGS, M. D.,

Aiken, S. C.

September 21, 1876. Miley Hankerson, negro, aged three years, of healthy parents. About a month ago the mother noticed, for the first time, an enlargement of the abdomen, which has since steadily increased in size. The child appears to be well nourished, eats heartily, and does not complain of pain or even discomfort. The abdomen is greatly distended, more so on the left than the right side. There is dullness on percussion over the whole of that side, except low down in front, where the sound is tympanitic.

Palpation reveals a hard swelling with smooth surface, but not entirely even, as quite a large nodule may be felt slightly protruding from the main growth, and apparently a part of the same. The growth rises from the pelvis, terminating under the false ribs. There is nothing in the history of the case to show that the child has ever had intermittent fever. The case was seen by Dr. Edward Geddings, and Dr. T. G. Croft, in consultation with me, and we agreed that the growth was one of three things; sarcoma, medullary carcinoma, or a splenic tumor. The latter being excluded by the history of the case, and by the fact that malaria does not exist in this region, the diagnosis lay between sarcoma and medullary carcinoma. It should have been previously stated that the absence of anything like fluctuation, even without the marked hardness, excluded all idea of its being a cyst. There being no rational indications for treatment, the child was ordered good nutritive diet, with quinine and iron. The case presented nothing

of interest from this date to the death of the patient, except the extremely rapid growth of the tumor, which soon attained the enormous proportions portrayed in the accompanying heliotype. With the increase in the size of the tumor, the appetite of the patient became ravenous, so much so that the mother frequently had difficulty in finding food sufficient to appease her insatiable hunger. Notwithstanding the large quantity of food consumed, emaciation progressed rapidly, and the legs became so reduced in size that the child could with difficulty sustain the heavy weight of the tumor; still she managed to move round until two days before her death. Despite its size, the growth did not in any way interfere with defecation, the bowels being quite regular throughout the whole illness. Unfortunately no examination of the urine was ever made, but, after the autopsy had revealed the true nature of the case, the mother remembered that the urine, which was frequently voided on the floor, presented in the earlier stages of the disease a milky appearance, and left a glazed stain on drying.

The only measurement recorded was made on the 22d of April, about three weeks before the death of the child, at which time the abdomen measured twenty-nine inches in circumference. Death occurred from exhaustion at the age of three years and nine months, on May 14.

Autopsy thirteen hours after death. The body was much emaciated, the abdomen enormously distended by a large and irregular growth, the distention being greater on the left than the right side. On the right side there was a slight protrusion about the size of a man's fist.

In the cavity of the abdomen there was a large tumor with two outgrowths, the one extending upwards towards the stomach, and the other downwards in the direction of the pelvis. The surface of the tumor was smooth, of a yellowish color, with large vessels coursing over it, the latter being much distended with venous blood. Several small cysts were seen on its surface. Across its anterior lower portion, and firmly attached to it, was the transverse colon;

hence the tympanitic sound observed during life in that situation. The whole tumor was bound down by adherent peritoneum, its upper surface firmly attached to the stomach, while posteriorly it was bound by adhesions to the structures in the neighborhood of the vertebral column. The spleen was somewhat compressed, but otherwise healthy. The genital organs were normal. The bladder contained a small amount of clear urine; both ureters were in position, the right normal in appearance, and extending to the corresponding kidney, which was enlarged but otherwise healthy.

The left ureter, however, was surrounded by vessels distended with blood. Soon after issuing from the bladder it was lost in the substance of the tumor, in which no trace whatsoever of the kidney could be found. The peritoneal cavity contained about eight ounces of clear fluid. The tumor, after removal, measured eleven inches in its longest, and eight inches in its shortest diameter, not including the nodules. The weight of the whole mass was thirteen and a half pounds.

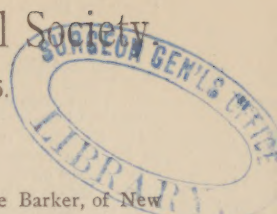
On dividing the tumor in its longest diameter, the cut surface presented a rough, uneven surface of a grayish yellow color, semi-transparent, but more opaque and yellow in the older portions, which in some places had undergone softening. From the whole cut surface exuded a milky juice. The liver was of normal size, but presented, on its under surface, immediately beneath the capsule, and extending into the substance of the organ, yellow masses about the size of marbles which, when cut, also exuded a milky juice.

Dr. J. C. Warren, of Boston, kindly consented to examine the specimen microscopically, and pronounced it to be a sarcoma.

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